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UNCLAS SECTION 01 OF 03 HANOI 000655

SIPDIS

DEPT FOR CA/OCS/EMR FOR DGOODING, EAP/BCLTV FOR CJESS, EAP/EX
FOR LBAER, JJENKINS, MED/EX FOR KHODAI, RMO/BKK FOR JKEYES,
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SUBJECT: SARS IN HANOI: CURRENT SITUATION AND REQUEST FOR
GUIDANCE

REF: HANOI 590

¶1. Please see action/guidance requests in paras 9 and 10.

What Happened?

¶2. Hanoi is one of the areas most affected in the current, worldwide epidemic of Severe Acute Respiratory Syndrome (SARS). The first Hanoi case was identified February 26th, when an American citizen (Hanoi's "index patient") developed flu-like symptoms when traveling from Shanghai, China to Hanoi, Vietnam via Hong Kong. On February 28th, he was admitted at the Hanoi French Hospital with fever, myalgia, and shortness of breath and was diagnosed with atypical pneumonia. His condition deteriorated quickly, and on March 4th, he was medically evacuated to Hong Kong and admitted to the Princess Margaret Hospital, where he died on March 13. Following his evacuation, 22 health care workers (WHO report) developed similar flu -like symptoms and were admitted to the Hanoi French Hospital. That hospital was closed to the public on March 8th, thus removing the only hospital with international level standards of health care and infection control practices. An additional wave of health care workers and close family members has been admitted to the National Institute of Clinical Research on Tropical Medicine (NICRTM) at Bach Mai (the national hospital). According to the CDC Vietnam office, which works closely with the NICRTM on HIV/AIDS care and treatment, infection control practices at this institute are minimal.

Current Situation

¶3. WHO reports more than 40 cases in Hanoi, all with a direct link to either the index patient or health care workers who cared for him. Thus far, all cases appear related to very close contact with an affected person. Officially, one additional person has died, a nurse from the Hanoi French Hospital, and several health care workers reportedly remain in critical condition requiring mechanical ventilation.

What is it?

¶4. Thus far, the agent causing the syndrome has not been identified. According to CDC, the agent does not appear to be related to initial suspected pathogens such as the Hong Kong Avian influenza (H5N1), pneumonic plague, Hantavirus, or chlamydia. However, the Hong Kong cases and the Hanoi index case may be related to a longer term epidemic of atypical pneumonia in southern China (Guangdong province). WHO and CDC advisories suggest that transmission is consistent with direct contact with respiratory secretions of an infected patient. The incubation period (time from exposure to first symptom onset) appears to be about 3 to 5 days in most affected patients, but may be as long as 7 to 10 days. Initial symptoms are non-specific, and include high fever, muscle aches, and in some cases sore throat and dry cough. Over time, many affected patients develop the typical diffuse, bilateral pneumonia.

International Help

¶5. The Vietnam Ministry of Health has taken a lead in the epidemic investigation and has requested support from WHO (taking lead in coordinating international assistance), with additional technical support from CDC Atlanta (4 staff) and the CDC Vietnam Office. Additional international experts from France, Australia, and Japan are now arriving in country. As a result, WHO's coordination of the international response has been challenging.

GVN Reaction

¶6. The GVN was initially slow to provide widespread information or recommendations on precautionary measures, and may even have provided inappropriate recommendations. However, later response has been appropriate. An early response by GVN appeared to be an attempt to minimize publicity on the severity of the problem.

Reality now has set in. With international support, the GVN supported the isolation and closure of the Hanoi French Hospital and an attempt to prevent spread of the disease into the general community. A unit of NICRTM at Bach Mai hospital has been set aside to quarantine patients. Health officials carefully monitor exposed individuals for signs of infection and conduct contact tracing. Vietnam Airlines and other airlines are currently screening passengers and have reportedly refused boarding to individuals exhibiting symptoms. In the past few days, Vietnamese television has begun to publicize preventative measures. On March 16, the GVN Ministry of Health (MOH) held an urgent meeting, which included several foreign experts in outbreak investigations and control.

Reaction of other Embassies

17. The reactions of Embassies in Hanoi have been diverse. Many Embassies are simply sharing the WHO press release with travelers to Vietnam. At the opposite extreme, the Czech Embassy has closed its consular operations and is advising its citizens not to be in a closed space with large numbers of Vietnamese nationals. According to an EU Embassy here, the French Ministry of Health has reportedly acknowledged that WHO has not issued a travel advisory warning against travel to affected areas, but has nonetheless issued a travel advisory of its own warning against non-essential travel. The French Embassy reportedly is also issuing daily warden messages. Our Embassy and ConGen have issued two warden messages - one last Wednesday, advising of the closure of the Hanoi French Hospital, and one last Friday, recommending precautionary measures to avoid exposure. In addition, Hanoi has held "town-hall meetings" with the Embassy community to minimize panic and disseminate accurate information.

18. ConGen Ho Chi Minh City reports that the consular corps there has been advised that the Tropical Disease Hospital has been designated as the primary receiving hospital for any potential SARS cases. As of this writing, there are no confirmed SARS cases in HCMC, although local news reports refer to two possible cases. The CDC Vietnam Office reports that infection control practices in Vietnam hospitals are minimal, and the likelihood of spread of the syndrome into the general community is fairly high. The head of an international clinic with long experience in Vietnam has informally told us he expects the crucial point for HCMC to be later this week - probably Wednesday and after. ConGen will hold a mini-town hall meeting via digital videoconference tomorrow afternoon with resident Hanoi CDC medical personnel.

Action Requests

19. Post strongly recommends that a travel advisory be issued immediately for Hanoi recommending against non-essential travel to Hanoi for the reasons outlined below. This travel advisory could be short term in nature, until it is clear that the outbreak of this potentially fatal syndrome is controlled. The need for the continuation of the travel advisory would be re-assessed on a day-to-day basis.

-- First, even before the outbreak, medical care in Vietnam is limited compared with many neighboring posts. (Bangkok and Singapore are where we medevac people.) With the closure of the Hanoi French Hospital and limited availability for medevac to Hong Kong (already over-extended), Singapore or Bangkok (both now refusing presumed SARS patients), few international level facilities are available in the region for new Hanoi SARS cases, and no international facilities exist in Hanoi for any medical emergency requiring hospitalization. Even out-patient care is limited: the SOS Clinic receives only patients who have called ahead and been screened; the Hanoi Family Practice is screening patients at the door but, reportedly, is now referring patients suspected of SARS to Bach Mai hospital. In essence, limited options exist for medical care of serious illnesses, and even non-serious conditions carry elevated risk (as people may be exposed to SARS while awaiting care).

-- Secondly, tourists from southern China, Hong Kong, Taiwan and many other countries continue to stream into Vietnam via both northern and southern points of entry. Given that SARS has already spread outside of the medical community in Hong Kong and southern China, it is highly probable that SARS will spread in Vietnam and lead to additional risk of exposure for travelers. Furthermore, because of the lack of availability of adequate medical care in Hanoi, some exposed patients have attempted to fly out of Vietnam to seek medical care elsewhere, thus exposing other passengers. This practice clearly must be stopped as this leads to further spread of the epidemic and threat to other regions of the world.

-- Finally, medical evacuation is difficult and expensive even on a limited basis. If a more widespread epidemic occurs in Hanoi, evacuation will become unfeasible. Medevac of official

Americans will be equally difficult.

¶10. Lastly, Mission wishes to draw the Department's attention to the many TDY and PCS travelers that have been long scheduled to arrive and depart Vietnam over the next few days and weeks.
PORTER